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Population Health: The Translation of Research to Policy



Case Studies and Commentary

Robert Wood Johnson Foundation Health & Society Scholars

The Robert Wood Johnson Foundation Health & Society Scholars (HSS) program was designed to build the nation's capacity for research, leadership, and policy change, while addressing the multiple determinants of population health. One of its goals was to produce a cadre of scientific leaders who could contribute to this research and spearhead action to improve overall population health and eliminate health inequities.

This report, edited by Robert A. Hiatt, MD, PhD, University of California, San Francisco, takes a case study approach, using six diverse examples of science to policy translation generated by Scholars in the HSS program from 2003 to 2016. Because the HSS program was discontinued in 2017, the Milbank Memorial Fund published these case studies in 2018 in hopes that many audiences, including students, would use them to learn about the connections between research, decision making, and policy.

Case Study 5

Forefront Suicide Prevention's Wheel of Change: Catalyzing a Social Movement to Prevent Suicide

Working to make Washington a model suicide prevention state and implications for the field of population health

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Synopsis

In the United States each year, over 44,000 people die by suicide. It is not widely recognized that, after cancer and heart disease, suicide accounts for more years of life lost than any other cause of death.¹ Suicide deaths are the tip of the iceberg. Serious thoughts about suicide, plans, and attempts are common.²

Despite the magnitude of the problem, public resources and systems-oriented approaches to reducing suicide are in an early phase. Suicide prevention efforts are primarily based on a medical model leading to the development of clinical interventions that identify individuals who are at risk for suicide and then treat these individuals. However, to achieve a significant reduction in suicide rates, it will be necessary to impact multiple factors including changing: 1) hearts and minds—specifically, the culture and myths surrounding suicide; 2) behaviors—in particular, increasing the number of people who are equipped to help individuals at risk for suicide; and 3) systems and policies to bring about large-scale changes in the population health problem of suicide. Forefront Suicide Prevention (www.intheforefront.org) is leading a social movement in Washington State to implement a comprehensive approach to suicide prevention with the long-term goal of disseminating approaches developed in Washington to nearby states with the highest suicide rates. The conceptual model underlying Forefront's work to make Washington a model suicide prevention state and its implications for the field of population health will be described in this case study.

Learning Objectives

- Understand suicide as a significant population health problem.
- Summarize the current state of the suicide prevention field including where opportunities for growth exist if we are to significantly reduce the suicide rate.
- Learn the story of how one organization, Forefront Suicide Prevention, is providing leadership and building capacity to make Washington a model suicide prevention state.
- Consider the catalysts that make policy and systems change possible.

Introduction

In 2013, a new suicide prevention organization, Forefront Suicide Prevention, was formed as a multidisciplinary collaboration of University of Washington (UW) faculty. Its co-founders were a public health professor who specializes in health policy and a social worker turned suicide prevention expert. Today the organization's programs and approaches incorporate collaborations with other departments and schools across the UW campus. Forefront Suicide Prevention is leading a social movement in the state of Washington to implement a comprehensive approach to suicide prevention with the long-term goal of disseminating approaches developed in Washington to nearby states with the highest suicide rates.

Forefront's roots in heartache highlight the importance of personal stories to catalyze social change. The personal story in this case was that of Matt Adler. Matt was a successful attorney, husband, and father of two young children. On February 18, 2011, he ended his life with a firearm. In the three months leading up to his death, Matt was in contact with three mental health professionals, each with their own independent clinical practice, who were attempting to treat Matt's anxiety disorder and worsening depression. Matt's mental health disorders were related to the downturn in the economy and the potential implications for his law practice.

After Matt's death, as his widow, I secured his medical records in the hopes of gaining greater insight into why Matt killed himself. What I read was disturbing—each of the three mental health professionals who had contact with Matt knew of his suicidal thoughts and knew of a specific plan; however, none took any significant action. Possible actions they should have taken include: completing suicide risk screening, formal suicide risk assessment, creating a safety plan, contacting family or friends to assist in keeping him safe, and/or advocating immediately for more stepped-up treatment such as inpatient hospitalization or more assertive outpatient treatment with a provider who had specialized skills in suicide care.

Figure 1. The author and her family



Using my academic appointment as a bully pulpit, I researched best practices in suicide care, contacted suicide prevention experts across Washington, and then reached out to a state legislator with a background in community mental health to tell my husband's story and the failures of his care. To be clear, I saw the concurrence of these three providers acting ineffectively in addressing my late husband's suicide risk as a systems failure. Suicide prevention care has not been prioritized within primary care, mental health, or treatment for substance abuse despite the fact that mental health and substance abuse are the leading risk factors for suicide.³ These actions brought to light a systemic problem in Washington's legislature that was also documented by research: namely, that most mental health professionals do not have adequate training to prevent suicide.⁴ This is the equivalent, in my mind, of a cardiologist not being trained to respond to a patient's heart attack.

Study Design and Execution

The study design took the form of an initiative in this case. The frame of patient safety was key to moving state legislation to address this problem. The two leading individual risk factors for suicide are mental health and substance abuse disorders.¹ With the support of mental health and substance abuse providers, the Matt Adler Suicide Assessment, Management, and Treatment Act of 2012 (EHB 2366) was quickly passed.⁵ EHB 2366 requires these professionals to be trained in how to assess, manage, and treat individuals who are at risk for suicide and to receive ongoing training to maintain licensure. This law was the first of its

kind in the nation and has led to similar laws being passed in 10 other states.⁶ Professional skills training in suicide prevention is now being disseminated on a larger scale than suicide prevention experts believed was possible during their lifetimes.

Forefront came to exist in part to assist with the implementation of EHB 2366 by training behavioral health professionals. However, co-founders Sue Eastgard and I realized that to reduce suicide in one state would also require a much more comprehensive, multisystems approach.

Even within health care systems, training of mental health professionals on its own is inadequate to ensure appropriate suicide care for at-risk patients. In reality, most people who die by suicide never see a mental health professional leading up to their deaths. An estimated 45% of suicidal patients saw a primary care provider within one month to one year preceding their death, compared with 20% who saw a mental health care professional in that same time.^{7,8} Thus, training in appropriate suicide care must extend beyond mental health professionals to other types of providers. And, even with all health care providers trained in relevant care, providers will struggle to take the appropriate actions to address patients' suicide risk without systems-based approaches.⁷ For example, a systems-based approach would put into place a screening tool for all patients inclusive of follow-up and care transition plans for patients who are at risk.

Forefront's conceptualization of a comprehensive approach to suicide prevention is consistent with a population health approach. A population health approach would describe the role that every single person can play in suicide prevention. There are skills every person can learn in order to recognize and respond when a person is at risk for suicide. This is not dissimilar to training laypeople in CPR. It would ensure systems that people live and work in, including health care, educational, employment, criminal justice, and correctional systems, have prioritized suicide prevention. Teachers, corrections officers, human resources personnel, academic advisers, journalists, pharmacists, and firearms retailers must all understand their roles in suicide prevention. This extends into both their personal lives and professional settings, and they need to be supported by our societal systems to fulfill these roles.

Forefront's mission is to reduce suicide by empowering individuals and communities to take sustainable action to prevent suicide, by championing systemic change and restoring hope. Forefront's current geographic focus is Washington, with a suicide rate of 15.7 per 100,000, compared to a national rate of 13.9 per 100,000.⁹ The first goal of the organization is to demonstrate that reducing suicide is possible within one geographic region, with the long-term aspiration of disseminating innovation to other nearby states with the highest suicide

rates. Although a new organization, Forefront's budget and staff have grown exponentially in a short time.

In this case study, I will describe the conceptual underpinning of Forefront's goal to make Washington a comprehensive suicide prevention model state, with the long-range goal of reducing suicides. I will emphasize how it seeks to change policies and systems and what the catalysts are for policy transformation. But first, an overview of the current state of the suicide prevention field.

In the United States each year over 44,000 people die by suicide. However, this figure is considered an underestimate due to misclassification of some lethal accidents and drug overdoses. After cancer and heart disease, suicide accounts for more years of life lost than any other cause of death.¹ Suicide deaths are the tip of the iceberg: The Centers for Disease Control and Prevention estimates that there are approximately 25 suicide attempts for every reported suicide death, with many suicide attempts resulting in expensive hospitalizations and emergency room care.² Suicide attempts and deaths have devastating ripple effects. For every individual lost to suicide, research-based estimates suggest that 147 people are exposed (6.3 million annually). Among those, 18 experience a major life disruption.¹⁰

The leading risk factors or characteristics that make it more likely that an individual will consider, attempt, or die by suicide include: 1) mental health disorders; 2) alcohol and substance abuse disorders; 3) history of trauma or abuse including a family history of suicide; 4) extremely distressing life events such as a major physical illness, financial ruin, or a significant relationship breakup; and 5) easy access to lethal means.¹¹

Risk factors do not cause suicide. Common warning signs include talking about or wanting to kill oneself, looking for a way to kill oneself (such as searching online for means or buying a gun), feeling and/or expressing hopelessness, being in unbearable pain or feeling a burden to others, and notable changes in behavior such as extreme mood swings or changes in sleep behavior. It is when risk factors combine with multiple warning signs that concerns about suicide increase.

Most suicides are preventable, and approximately 80% of at-risk individuals express "warning signs."¹ The Healthy People 2020 goal is to reduce the rate of suicide by 10%.¹²

The suicide prevention field has focused on a medical model leading to layperson and clinical interventions that identify individuals at risk for suicide and triage or treat these individuals. Some of the most promising and evidence-based practices are:

- Training for laypeople and clinical training in suicide prevention skills such as: Question, Persuade, and Refer (otherwise known as QPR) and Assessing and Managing Suicide Risk (AMSR).
- Clinical assessment and screening tools used in mental health and primary care settings such as the Columbia-Suicide Severity Scale and the patient stress questionnaire PHQ-9.
- Medications such as lithium (evidence is controversial).
- Psychological treatment interventions including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) for individuals with a history of suicide attempts.
- Sending caring letters or text messages to individuals after a suicide attempt from a clinician who interacted with that person during treatment to help maintain continuity in care.

Less studied are protective factors that can buffer individuals from suicidal thoughts and behaviors. These factors include access to effective clinical care for mental, physical, and substance abuse disorders; close connection to family and community; cultural and religious beliefs that discourage suicide and support instincts for self-preservation; and skills in problem-solving and resilience.¹¹

In sum, the suicide prevention field has focused on understanding individual level determinants and clinical interventions. There has been less focus on policy and systems changes that will be needed to reduce suicide rates.

Results

Most suicides are preventable. Suicide prevention policies have begun to be enacted at the federal, state, systems, and organizational levels. The following is an inexhaustive list of policies that hold the most promise of reducing suicide rates.

The National Strategy for Suicide Prevention details 13 goals and 60 objectives for reducing suicides over the next 10 years.¹³ The extent to which this strategy will be implemented and effective is not yet determined. The Suicide Prevention Resource Center (www.sprc.org) is devoted to suicide prevention, and there is a National Suicide Prevention Lifeline with availability 24 hours a day/seven days a week that does suicide threat assessments and refers people to local behavioral health resources. There are other lines specific to the needs of veterans, youth, and LGBTQ populations. A significant federal suicide prevention law, the Garrett Lee Smith Memorial Act, provides funding for youth suicide prevention grants.¹⁴

Concerted efforts within health care and military systems also impact suicide prevention, as follows:

- Henry Ford Health Care System, Detroit. A unique depression care model for patients created in 2001 resulted in a long period without a single suicide in this health system's patient population.¹⁵ This initiative was carried forward to a national initiative known as Zero Suicide in Health and Behavioral Health Care (zerosuicide.sprc.org).¹⁶ Under this model, health care and behavioral health care systems make a commitment to suicide prevention and to implementation of a specific set of strategies and tools. A handful of health care systems across the United States are taking this pledge of patient safety voluntarily, although additional policy changes may be needed to drive this change forward systemically.¹⁵
- U.S. Air Force. In 1997, the Air Force Suicide Prevention Program was implemented based on 11 overlapping core elements. The program emphasizes leadership and community involvement in reducing suicide such as universal training around suicide prevention, implementation of suicide prevention protocols, and tracking and response to suicide events. Suicide rates were significantly lower after the program was launched than before; however, continuous implementation efforts and ongoing monitoring are needed to maintain the effects.¹⁷

In recognition of these approaches, The Joint Commission recently issued a sentinel alert urging all health care organizations to develop clinical environment readiness by identifying, developing, and integrating comprehensive behavioral health, primary care, and community resources to ensure continuity of care for individuals at risk for suicide.¹⁸

In state legislatures, there is a growing focus on suicide prevention training for health and mental health professionals and laws that are designed to increase the readiness of schools and institutions of higher education to prevent youth suicides. Catalyzed by a law passed in Washington in 2012 (HSB 2366), several other states have since passed similar laws. Forefront was instrumental to the passage of these laws in terms of the role it played in building stakeholder groups and by bringing those directly affected by suicide and those with suicide prevention expertise to testify for these new state laws.

More than a dozen states also now have laws on the books requiring key school personnel to have training in suicide prevention. These laws vary in scope from ensuring that school counselors, social workers, and nurses are trained in suicide prevention to requiring that school teachers receive training. A few states also require school crisis plans for suicide prevention and activities that reduce risk and promote healing after a student suicide death and that schools take steps to strengthen relationships with community-based mental health providers.

Most efforts to prevent suicide focus on why people take their lives. But it is becoming increasingly clear that how people take their lives is perhaps even more important. How a person attempts suicide plays a key role in survival rates. If we can put a practical barrier between the means a person plans to use in suicide and access to those means during a time-limited crisis, it can ultimately prevent suicide. “Means safety” (reducing a person’s access to highly lethal means) is an important part of both clinical and community-based approaches to suicide prevention. Prior research in the suicide prevention field suggests this practice of supporting families in means safety is one of the most effective suicide prevention strategies.¹⁹

The concept of means safety is based on the following understandings:

- Many suicide attempts occur with little planning during a short-term crisis.
- The means used in suicide attempts determine whether an attempter lives or dies.
- Firearms do not cause suicide, however, they are the most lethal and common means used in suicide.
- Ninety percent of attempters do not go on to die by suicide later.
- Systematic efforts to reduce access to lethal means have been shown to save lives.¹⁹

Background checks, waiting periods to purchase firearms, and extreme-risk protection orders are examples of laws that may play a role in suicide prevention. Several states are beginning to enact stricter gun laws motivated in part by high suicide rates, although these types of laws also run the risk of alienating individuals who already own firearms and of further stigmatizing individuals living with mental health conditions. It is important to make firearms owners more aware that suicide accounts for roughly two-thirds of all firearms fatalities in the United States, and to educate people about the need for locked storage of firearms and advance planning in case the owner of the firearm becomes at risk for suicide.

Education regarding firearm-related means safety begins with the assumption that firearms are an important part of American history and that gun ownership, especially in rural parts of the country, is a way of life. Education may take the form of safe firearms storage and use practices and widespread dissemination of safe storage devices such as gun safes and lock-boxes. Further, teaching firearms dealers and concerned family members and friends skills for how to temporarily and voluntarily remove firearms and other lethal means from the homes of individuals at risk for suicide is another key element of this approach.

For example, the New Hampshire Firearms Safety Coalition, composed of firearms dealers and suicide prevention experts, is working to disseminate suicide prevention materials at gun stores. Several other states are now following this lead.²⁰

A few states are also passing laws to study firearm suicide, to increase access to safe storage devices, and to raise suicide prevention awareness for gun owners and retailers. A new law passed in Utah is taking a proactive approach to studying firearm suicide deaths to enhance future prevention efforts.²¹ This is particularly important as the state has one of the highest rates of gun ownership in the country, and firearm suicide is the leading cause of death among youth.

A state law in Washington (HB 2793) funded the Safer Homes, Suicide Aware campaign.²² It uses the frame that nearly 70% of all suicide deaths are by firearms or prescription overdoses and that these items, commonly found in people's homes, are not safely secured. Forefront worked to build a strong relationship with organizations that have a Second Amendment rights focus and with legislators on both sides of the political aisle to obtain maximum buy-in to implement the law at community events such as gun shows.

The law requires that a coalition of Second Amendment rights groups, gun dealers, and suicide prevention experts develop and disseminate materials for distribution to gun owners; requires changes to the state's booklet on firearms safety; and funds the development of new training for gun retailers on how to counsel customers about means safety and safe storage practices. This law has as an additional focus: training pharmacists to counsel patients on safe medication storage and disposal. Materials for pharmacies on suicide prevention and overdose will also be created. Maintaining this dual focus on firearms and prescription medications increased the comfort level of Second Amendment rights groups who saw that suicide prevention is not just about means safety as it pertains to firearms.

In summary, the state's efforts around suicide prevention increased with new laws aimed at advancing the skills of health care and school personnel alongside state initiatives and laws focusing on means safety.

Translating Research to Policy

The Wheel of Change developed by the Social Transformation Project²³ makes clear that to bring about social transformation, it is essential to work in three domains of human systems to change hearts and minds, behaviors, and structures (see Figure 2). Hearts and minds are the culture surrounding the issue inclusive of hopes and dreams, attitudes and feelings, and what we believe is possible or impossible. Behaviors are what we do to address the social issue inclusive of the skills and specific actions taken by individuals. Structures are the external systems within which we live and work; that is, the policies, systems, institutions, organizations, and communities that shape human existence.

Figure 2. Wheel of Change



Catalysts for Social Transformation Policies

To implement a comprehensive approach to suicide prevention needed to change hearts and minds, behaviors, and structures, we have gleaned key elements that facilitate policy and systems change. These are also relevant to other population health issues.

1. Bring forward and support individuals directly affected by suicide to tell their powerful stories with a hopeful message in legislative, media, and community contexts.
2. Mobilize these individuals by providing tools for effective advocacy, with careful attention to identifying individuals directly affected by suicide who are in key positions to make structural and policy changes, such as constituents in the districts of legislators who are able to move legislation forward.
3. Identify policy champions such as state legislators and other systems-level advocates who both care about suicide prevention and are skilled politically.
4. Build coalitions of the various groups that will be affected by policy changes to find agreement on controversial issues outside of a political context.
5. Bring research about the population health issue forward by having experts present to both testify and refute the testimony of lobbyists and to engage with media.
6. Develop messages and frames for the issue that are compelling to media, politicians, and those affected by the issue. For example, the law that required mental health professionals to receive training in suicide prevention was framed as a public safety issue.

Successes and Challenges

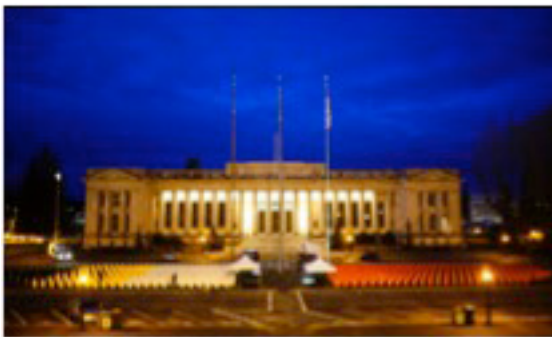
Forefront as a case study is significant for the field of population health because in seeking to bring about a positive social transformation to significantly reduce suicide rates and create a model suicide prevention state, Forefront operationalizes work in all three domains of human systems. What follows are specific examples of ways in which Forefront seeks to change these three human domains in relationship to the issue of suicide.²⁴

1. Hearts and minds to change the culture and myths surrounding suicide:

- a. News coverage is a key factor in shaping public attitudes and beliefs on nearly all subjects. Forefront is helping to shape news coverage of behavioral health and suicide. In the last three years, the organization has contributed to hundreds of news and opinion stories on the topics of mental health and suicide prevention to help change the public conversation about these issues to one with a prevention and recovery focus.²³ In collaboration with the UW Department of Communications and the journalism major, Forefront provides education to professional and student journalists in Washington on how to accurately, safely, and authentically report on behavioral health and suicide. An in-class simulation of how to report on a campus suicide is part of the curriculum for journalism students and the campus newspaper. We arrange for journalists to speak with experts on suicide prevention and support individuals directly affected by suicide in telling their powerful stories to news media. Each year, we also offer a news media award for the best reporting on suicide prevention and mental health.
- b. Individuals who are directly impacted by suicide because they have made a suicide attempt or have lost someone close to them to suicide are a special focus. Dozens of volunteers who meet these criteria (as well as suicide prevention experts) have received training and support to become effective media and legislative advocates and to provide basic suicide prevention awareness education to others. These individuals can be instrumental in changing the hearts and minds of others because they are passionate about seeing social change happen. Forefront is supporting individuals directly affected by suicide in post-traumatic growth, a process whereby traumatic experiences can be transformed into growth opportunities while simultaneously developing champions for the cause who can assist in changing hearts and minds.

- c. Forefront hosts awareness events through the installation of the Washington Safer Homes, Suicide Aware Memorial. Built on the lawn of Washington's state capitol during the legislative session, this memorial symbolizes the number of individuals who lost their lives to suicide in the state in the last year. Mock headstones to represent these lives are staked into the ground. The colors of the mock headstones symbolize the different means used in each suicide: red (firearms), white (suffocation), yellow (poisoning), green (jump, cut, pierce), and blue (other). The installation is accompanied by banners conveying key information about means safety.

Figure 3. Safer Homes, Suicide Aware Memorial



2. Behaviors to increase the number of people who are equipped to help individuals at risk for suicide:
 - a. Forefront has trained over 30,000 behavioral health, school, health care professionals and laypeople in lifesaving, relevant suicide prevention skills. We collaborate with the UW schools of medicine, pharmacy, social work, and nursing to develop tailored curricula and to implement training across disciplines. Evidence in the suicide prevention field suggests that if you train enough individuals within a system or community, suicide rates can be reduced.
 - b. Forefront is implementing the Safer Homes, Suicide Aware campaign in rural Washington, where the rates of suicide are the highest, to help clinicians and other social service professionals learn how to identify individuals who are at risk for suicide and supply families with counseling and free safe storage to increase means safety. The work is happening in gun shows and other community events that draw large numbers of veterans and men in the middle years.

3. Structures and policies at the organization and systems levels to bring about large-scale changes in the population health problem of suicide:

- a. Forefront has worked with legislative sponsor Rep. Tina Orwall, individuals directly affected by suicide loss and attempts, and suicide prevention experts across several disciplines to pass seven pieces of state suicide prevention legislation. Among other things, these laws call for: all health care professionals to receive suicide prevention training; an increase in the readiness of Washington's public schools and institutions of higher education to prevent suicide; and development of a new state suicide prevention plan. Forefront is based at the UW, which is the state's largest public university making a significant contribution to implementing the state's suicide prevention plan in collaboration with other state agencies.
- b. Forefront, in collaboration with the UW College of Education and the School of Nursing, is supporting 29 high schools to build a comprehensive approach to suicide prevention with its Forefront in the Schools program and is working with Washington's largest institution of higher education, UW, in implementing the Husky Help and Hope program. In the coming years, Forefront seeks to disseminate its school and campus-based programs throughout Washington State.
- c. Forefront championed the Washington Suicide Safer Homes bill to build a public health campaign to disseminate public education on means safety to gun dealers and owners throughout Washington. In doing so, Forefront found common ground among groups who typically are at odds on the issue of firearm fatalities and is working collaboratively with experts in injury prevention at the UW School of Public Health and with Second Amendment rights organizations to implement the law.

Forefront's Wheel of Change strategies are helping Washington to become a model suicide prevention state. The state, under the direction of Governor Jay Inslee, recently launched its "Action Alliance for Suicide Prevention," a group of leaders in both the public and private sectors, who are charged with looking comprehensively at Washington's health care, school, higher education, corrections, veterans, and tribal health care systems to identify ways in which suicide prevention can be made a greater priority. Figure 4 depicts what a model suicide prevention state looks like as conceptualized by Forefront. This model is the basis for the alliance's new charter outlining its goals and activities.

Figure 4. Model suicide prevention state

Model suicide prevention state
Engaged systems and organizations
Community approaches
Universal education and role-specific training
Care for individuals directly affected by suicide through loss or attempts

Conclusions

Forefront is focused on the goal of reducing suicides in Washington State. The organization has a logic model that links its programs and strategies to short- and long-term measures of changes in hearts and minds, behaviors, and structures. If we are successful, we will cumulatively reduce Washington's suicide rate. One of the ways we know we are already achieving success is that Washington's suicide rate has decreased relative to other states. If Forefront is successful in achieving its short-term goal of suicide reduction in Washington, the long-term plan is to broaden its approach to those states with the highest rates of suicide in proximity to Washington.

Discussion Questions

- Did anything about this case study surprise you or stand out for you? What are your thoughts and feelings after reading about the founding of Forefront and the population health issue of suicide prevention?
- What role does engaging multiple disciplines and systems play in this case study?
- Does this case inform how you might bring about structural and policy changes to a population health issue of your choosing? Why or why not?
- Describe a possible Wheel of Change for a population health issue of your choosing.

Assignment

Consider a population health issue that you are concerned about and strategies to change hearts and minds, behaviors, and structures to impact this issue. Consider frames or a way of explaining this issue that would be compelling for those you seek to influence. What are the data and research that support your strategies and frames? Who are you seeking to influence and why? Who can you bring on as allies? Who might be an adversary, and what are some counterarguments for this possible opposition? Can you think of any personal stories that are illustrative of your issue? Sketch out a plan for how you intend to take action on your population health issue, inclusive of a time line of key activities.

Acknowledgments

Forefront would not have been possible without my participation in the HSS program. For one, even though I had already developed a deep personal connection to the issues of mental health, as a doctoral student, I was discouraged from pursuing this focus. As an HSS fellow, my mentor, Bruce Link, gave me the courage to live into my professional purpose of focusing on mental health policy, the stigmatization of mental illness, and, now, the prevention of suicide. The HSS program also underscored for me the necessity of multidisciplinary collaboration and gave me the language and skills to make these kinds of collaborations work. The suicide prevention work we have accomplished in Washington would not be possible without the contributions of many individuals in fields as diverse as educational psychology, communications, political science, psychiatry, psychology, public health, nursing, and social work. The skills I now have in developing a vision and in strategic planning processes also stem from my time in the HSS program. The program gave me the capacity to “think big” and to know that social transformation in population health can only occur when you change hearts and minds, behaviors, systems and policies.

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